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APPLICANTS

Ben Hsu, Changhua Hsien, TAIWAN;

** CONTINUING DATA ***** *MM*** FOREIGN APPLICATIONS ***** *MMK P*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 02/25/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Met after Allowance	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	<u>Examiner's Signature</u>	<u>Initials</u>	6	5	1

ADDRESS

TROXELL LAW OFFICE PLLC
 SUITE 1404
 5205 LEESBURG PIKE
 FALLS CHURCH, VA
 22041

TITLE

Cordless blind structure

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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